PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number /0/62786												per	
Effective January 1, 2003 P68742 US													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL TYPE	EN	mm Y □	OR	OTHER SMALL E	
TOTAL CLAIMS			10				1	RATI		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	EE	375.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			/0 minus 20=		• 8			X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 =		}			X42=			OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT					+140=			OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2									_	375	OR	TOTAL	
CLAIMS AS AMENDED - PART II TOTAL 37 OR TOTAL OTHER THA												THAN	
		(Column 1)		(Column 2) (Column 3)				SMA	LE	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.12	Minus	 2	0	- /		X\$ 9	Ħ	<i>[</i> ·	OR	X\$18=	
3	Independent	· 2	Minus	- 3		- /		X42	,		OR	X84=	.]
	FIRST PRESE	NTATION OF MULTIPLE DEPENDENT CLAIM						+140		/	OR	+280=	
								10	TAL		00	TOTAL	
	2.25.	O (Solumn 1)		(Colu	mn 2)	(Column 3)		ADDIT. I	ŒΕ		, • • •	ADDIT. FEE	
		CLAIMS REMAINING AFTER AMENDMENT		HIG NUA PREV	HEST ABER BOUSLY OFOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 12	Minus	* 6	20	- /		X\$ 9	=		OR	X\$18=	1
A	Independent	NTATION OF M	Minus	FNDEN	TCIAIM	I- /		X42	•		OR	X84=	
THOUT RESENTATION OF BIOCHT EL SET ENDERT GOALT								+140	ii.		OR	+280=	
								ADDIT.	TAL TE		OR	YOYAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)	1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST WBER ROUSLY DFOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total	•	Minus	**		-	1	X\$ 9		.,_,	OR	X\$18=	
	Independent	•	Minus	***	0.500	•		X42			1	X84=	-
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u> </u>			OR	-	
	." If the entry in column 1 is less than the entry in column 2, write "V" in column 3.								= YAL		OR	+280=	
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
		mber Previously Pa						ound in th	e ep	propriate bo	x bi c	ohemo 1.	
<u></u>	FORM PTO-675 (Row 12/02) *** "U.S. Communest Printing Office: 2000 438-47888151 Patient and Tradement Office, U.S. DEPARTMENT OF COMMERC												E CANVEDCO